Drug & Alcohol Background Check Form

FORM A (FMCSA)

Employee	Printed or Typed Name:	
	e SS or ID Number:	
I hereby autrorevious emprevious em 49 CFR Paris limited to 1. 2. 3. 4. 5.	thorize release of information from my Department of Transportation regulated drug an aployer, listed in Section I-B, to the employer listed in Section I-A. This release is in act 40, Section 40.25 and 391.23. I understand that information to be released in Section the following DOT-regulated testing items: Alcohol tests with a result of 0.04 or higher; Verified positive drug tests; Refusals to be tested; Other violations of DOT agency drug and alcohol testing regulations; Information obtained from previous employers of a drug and alcohol rule violation; Documentation, if any, of completion of the return-to-duty process following a rule violation.	d alcohol testing records by micordance with DOT Regulation II-A by my previous employed
Employee	e Signature: Date:	
I-A.	Lauran Nilaman	
	loyer Name:	
Address:		
Phone #:	Fax #:	
	ed Employer Representative:	
I-B.	Ed Employer Representative.	
	Employer Name:	
AUGRESS:		
Audress:		
Phone #:	Fax #:	
Phone #:	Fax #:ed Employer Representative (if known):	
Phone #: Designate Section II.	Fax #:ed Employer Representative (if known):	
Phone #: Designate Section II. To be con	Fax #:ed Employer Representative (if known):	ew employer:
Phone #: Designate Section II. To be con II-A. In the	Fax #:ed Employer Representative (if known):npleted by the previous employer and transmitted by mail or fax to the ne	ew employer:
Phone #: Designate Section II. To be con II-A. In the	Fax #: ed Employer Representative (if known): npleted by the previous employer and transmitted by mail or fax to the new three years prior to the date of the employee's signature (in Section I), for Did the employee have alcohol tests with a result of 0.04 or higher?	ew employer: OT-regulated testing:
Phone #: Designate Section II. To be con II-A. In the	Fax #: red Employer Representative (if known): inpleted by the previous employer and transmitted by mail or fax to the new three years prior to the date of the employee's signature (in Section I), for Did the employee have alcohol tests with a result of 0.04 or higher?	ew employer: OT-regulated testing: YESNO
Phone #: Designate Section II. To be con II-A. In the 1. 2. 3. 4.	Fax #:	ew employer: OT-regulated testing: YESNO YESNO YESNO YESNO
Phone #: Designate Section II. To be con II-A. In the 1. 2. 3. 4. 5.	Fax #:	ew employer: OT-regulated testing: YESNO YESNO YESNO YESNO YESNO
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Phone #: Designate Section II. To be con II-A. In the 1. 2. 3. 4. 5. 6. NOTE: If yo	Fax #: ed Employer Representative (if known): inpleted by the previous employer and transmitted by mail or fax to the new three years prior to the date of the employee's signature (in Section I), for Did the employee have alcohol tests with a result of 0.04 or higher? Did the employee have verified positive drug tests? Did the employee refuse to be tested? Did the employee have other violations of DOT agency drug alcohol testing regulations? Did a previous employer report a drug and alcohol rule violation to you? If you answered "yes" to any of the above items, did the	ew employer: OT-regulated testing: YESNO YESNO YESNO YESNO YESNO YESNO
Phone #: Designate Section II. To be con II-A. In the 1. 2. 3. 4. 5. 6. NOTE: If you must also to II-B.	Fax #: ed Employer Representative (if known): inpleted by the previous employer and transmitted by mail or fax to the new three years prior to the date of the employee's signature (in Section I), for Down Did the employee have alcohol tests with a result of 0.04 or higher? Did the employee have verified positive drug tests? Did the employee refuse to be tested? Did the employee have other violations of DOT agency drug alcohol testing regulations? Did a previous employer report a drug and alcohol rule violation to you? If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Dury answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 5, you must provide the previous employer's report.	ew employer: OT-regulated testing: YESNO YESNO YESNO YESNO YESNO OTESNO TESNO INSWER OF THE TESTINE TO SET
Phone #: Designate Section II. To be con II-A. In the 1. 2. 3. 4. 5. 6. NOTE: If you must also to III-B. Name of I	Fax #:	ew employer: OT-regulated testing: YESNO YESNO YESNO YESNO YESNO OTESNO INSWERED "yes" to item 6, you string record).
Phone #: Designate Section II. To be con II-A. In the 1. 2. 3. 4. 5. 6. NOTE: If you must also to II-B. Name of Title:	Fax #:	ew employer: OT-regulated testing: YESNO YESNO YESNO YESNO YESNO OTESNO INSWERED "yes" to item 6, you string record).

49 CFR Part 40.25 - Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

- (a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.
- (b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:
 - (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
 - (2) Verified positive drug tests;
 - (3) Refusals to be tested (including verified adulterated or substituted drug test results);
 - (4) Other violations of DOT agency drug and alcohol testing regulations; and
 - (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-do-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.
- (c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.
- (d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.
- (e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.
- (f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.
- (g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.
- (h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.
- (i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.
- (j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

49 CFR Part 391.23 Investigation and Inquiries

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.

- (1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.
- (2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to § 382.605 of this chapter, or 49 CFR part 40, subpart O. If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.
- (3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a § 382.605 or 49 CFR part 40, subpart O referral:
 - (i) Alcohol tests with a result of 0.04 or higher alcohol concentration;
 - (ii) Verified positive drug tests;
 - (iii) Refusals to be tested (including verified adulterated or substituted drug test results).

Information Provided by: Midwest Toxicology Services, LLC - 317-262-2200